MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED I" AMENDMENT AS FILED AFTER 2 MAMENDMENT AFTER 1"AMENDMENT IND. DEP. IND. 2 - AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 4. TOTAL IND. TOTAL IND

TOTAL DEP

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TOTAL CLAIMS